



Chicago Flu Update



City of Chicago
Rahm Emanuel, Mayor

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Chicago Department of Public Health
Julie Morita, MD, Commissioner

What is the risk?

This is the first *Chicago Flu Update* for the 2015-2016 influenza season. Currently, the risk of influenza infection is low. Vaccination is the best way to protect against influenza infection and all Chicagoans aged six months and older are encouraged to get vaccinated. Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a schedule of [City of Chicago influenza vaccine clinics](#)¹ is available on the City website and by calling 311. To locate the closest City of Chicago clinic or retail pharmacy, go to www.chicagoflushots.org.

Are severe cases of influenza occurring?

The Illinois Department of Public Health (IDPH) has issued [influenza testing and reporting recommendations](#)². Suspected novel and variant influenza, pediatric influenza-associated deaths, influenza-associated ICU hospitalizations and outbreaks of influenza-like illness in a congregate setting should all be reported to CDPH via [INEDSS](#)³. For the week of October 18-24, 2015 (week 42), no influenza-associated ICU hospitalizations were reported (**Figure 1**).

Since October 4, 2015, one influenza-associated ICU hospitalization was reported during week 41, which was positive for influenza A (H1N1)pdm09. During the 2014-2015 season, 299 influenza-associated ICU hospitalizations were reported with the majority being positive for influenza A (H3N2). This was the highest number of influenza-associated ICU hospitalizations reported since the condition became reportable in 2009.

How much influenza-like illness is occurring?

CDPH receives data from influenza surveillance sites across Chicago, which report the total number of patient visits seen weekly, and of those visits, the number with influenza-like illness (ILI) (i.e., fever of 100°F or greater, with cough or sore throat). All hospitals in Chicago that provide emergent care are required to report on a weekly basis the total number of emergency department visits, and of those visits, the number with ILI. For the week of October 18-24, 2015 (week 42), with 10 hospitals reporting, 2.8% of emergency department visits were due to ILI (**Figure 2**).

ESSENCE is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by participating Chicago hospitals. ILI activity is determined solely based on the patient's chief complaint and does not take into account the entire medical record, as the ILI activity reported in Figure 2 does. Currently, 10 Chicago hospitals submit data to ESSENCE. For the week of October 18-24, 2015, 1.4% of emergency department visits were due to ILI (**Figure 3**).

Several outpatient clinics throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network (ILINet) by reporting on the number of patients with ILI seen weekly. From October 18-24, 2015, with 17 facilities reporting, <1% of visits were due to influenza-like illness (**Figure 4**).

Figure 1. Total number of reported influenza-associated ICU hospitalizations reported for Chicago residents, for current season (2015-2016) and previous season (2014-2015), Chicago, October-May.

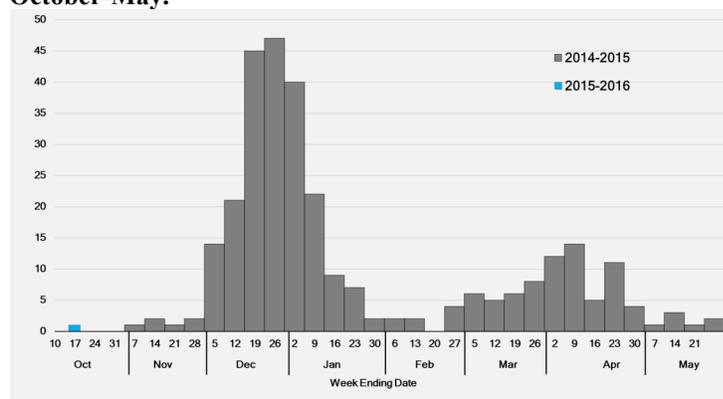
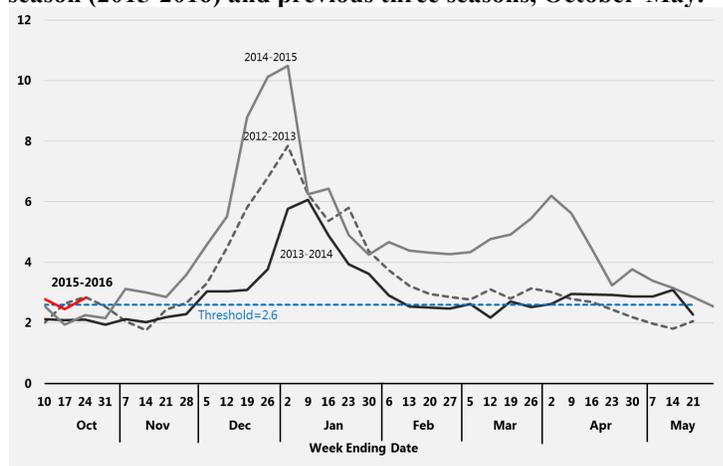


Figure 2. Percent of emergency department visits attributed to influenza-like illness based on manual reporting as determined by individual hospitals, Chicago, by week, for the current season (2015-2016) and previous three seasons, October-May.



All data are preliminary and may change as more reports are received.

¹ http://www.cityofchicago.org/city/en/depts/cdph/supp_info/influenza/2015-influenza-walk-in-clinic-schedule.html; ² <http://www.dph.illinois.gov/sites/default/files/publications/publicationsohpinfluenza-testing-and-reporting-memo-09.2015.pdf>; ³ <https://dph.partner.illinois.gov/>

Which influenza strains are circulating?

Data on influenza virus test results are reported by Chicago laboratories performing influenza subtyping. For the week of October 18-24, 2015, with 5 laboratories reporting, 1 of the 360 (<1%) specimens tested for influenza was positive for influenza A (H1N1)pdm09. Since October 4, 2015, 7 of 1,210 (<1%) specimens tested for influenza have been positive; 6 typed as influenza A (2 H3N2, 3 (H1N1)pdm09, 1 unknown subtype [subtyping not attempted or not all subtypes tested]) and 1 was typed as influenza B (Figure 5).

Since the 2009-2010 influenza season, participating laboratories have tested over 90,000 specimens with an average of over 14,000 specimens tested per season. The predominant circulating strain based on laboratory surveillance has changed every season making it difficult to predict which strain will predominate during the current season. In the 2014-2015 season, influenza A (H3N2) was the predominant strain accounting for 58% of all positive specimens. In the 2013-2014 season, influenza A [H1N1]pdm09 was the predominant strain accounting for 56% of all positive specimens. In 2011-2012, influenza B was the predominant strain accounting for 51% of all positive specimens.

Where can I get more information?

The Centers for Disease Control and Prevention's [FluView](#)⁴ report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to [Illinois](#)⁵ and [Suburban Cook County](#)⁶ are also available online. Current and archived issues of the *Chicago Flu Update* can be found on the CDPH website section [Current Flu Situation in Chicago](#)⁷. In 2013, the Metropolitan Chicago Healthcare Council (MCHC) and CDPH released "[Stop the Spread: A Health Care Guide to Influenza Preparedness](#)"⁸. This report provides an overview of influenza, its impact on public health and how hospitals can prepare for, mitigate the impact of and respond to influenza infections and outbreaks.



Figure 3. Percent of emergency department visits attributed to influenza-like illness based on chief complaint data submitted to ESSENCE, Chicago, by week, for the current season (2015-2016) and the previous three seasons, October-May.

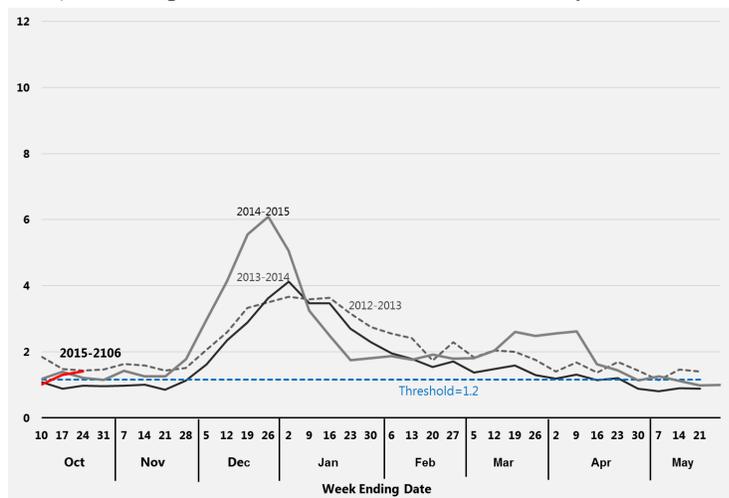


Figure 4. Percent of medically attended visits attributed to influenza-like illness as reported by ILINet facilities, Chicago, by week, for the current season (2015-2016) and the previous three seasons, October-May.

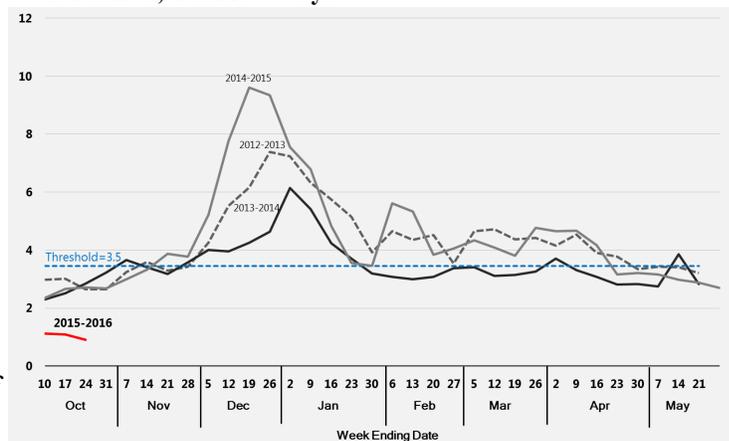
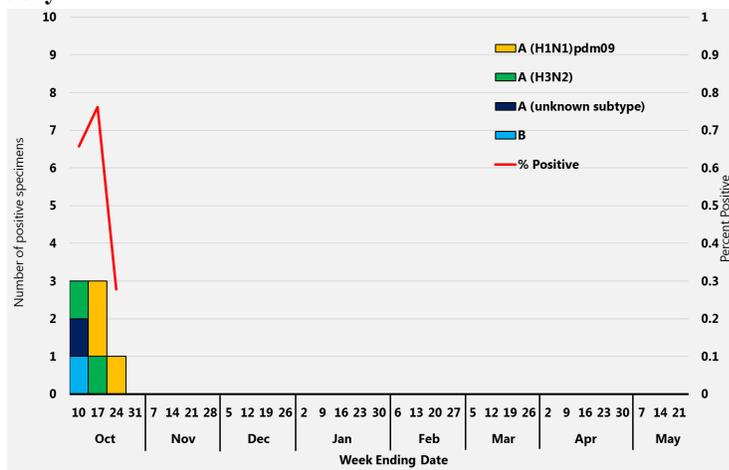


Figure 5. Percent of specimens testing positive (by RT-PCR) for influenza by subtype as reported by local laboratories serving Chicago hospitals, for the current season (2015-2016) October-May.



All data are preliminary and may change as more reports are received.

⁴<http://www.cdc.gov/flu/weekly/index.htm>; ⁵<http://www.idph.state.il.us/flu/surveillance.htm>; ⁶<http://www.cookcountypublichealth.org/data-reports#Influenza>; ⁷http://www.cityofchicago.org/city/en/depts/cdp/supp_info/influenza/current_flu_situationinchicago2011.html; ⁸https://www.mchc.com/wp-content/uploads/2014/11/MCHC_Influenza_2013.pdf